

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000005445

FILED  
Apr 28, 2003  
Secretary of State

Entity Name: ANCHORPOINT MINISTRIES, INC.

**Current Principal Place of Business:**

1965 SW 3RD STREET  
OKEECHOBEE, FL 349743977

**New Principal Place of Business:**

**Current Mailing Address:**

1965 SW 3RD STREET  
OKEECHOBEE, FL 349743977

**New Mailing Address:**

FEI Number: 65-0538507      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WATERS, JAMES  
355 BENT OAK  
ROYAL PALM BEACH, FL 33411      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: WATERS, JAMES  
Address: 355 BENT OAK  
City-St-Zip: ROYAL PALM BEACH, FL

Title: DST      ( ) Delete  
Name: WATERS, ELAINE  
Address: 355 BENT OAK  
City-St-Zip: ROYAL PALM BEACH, FL

Title: D      (X) Delete  
Name: BIGGS, DAVID  
Address: 345 DATE PALM  
City-St-Zip: LAKE PARK, FL

Title: D      (X) Delete  
Name: SHEPPARD, ALLAN G  
Address: 237 SEACREST LANE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: D      ( ) Delete  
Name: JENNINGS, DEBORAH  
Address: 355 BENT OAK  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: DV      ( ) Delete  
Name: LONG, BRYANT  
Address: 1811 LINDSEY COURT  
City-St-Zip: WEST PALM BEACH, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES WATERS

DP

04/28/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date